



CIOB/ENTERPRISE APPLICATIONS DIVISION  
SYSTEMS ACCESS UNIT  
RENDERING PROVIDER TERMINATION PROCEDURES

**The Rendering Provider Form or the IS290 Report may be used for clinical staff that have terminated services from a provider location. When completing this form, please refer to the following guidelines:**

**I. IS290 BILLING PROVIDER REPORT**

This report is by the 4-digit Provider Number. *DO NOT USE THIS REPORT to terminate a service location or reporting unit. Only use this report to terminate the rendering provider from the billing legal entity (if contractor) or billing provider (if directly operated). To terminate one or more service locations or reporting units only, use the rendering provider form.*

**Required information:**

- Authorized Manager's Name, Signature and Date at the top of each page – This is the person authorized to sign CIOB Access Forms.
- Write the termination date in the "Inactive Dt" field, next to Rend Prov ID of the person being terminated.
- Contact Name, Phone Number and Email Address for the person who can answer questions about the rendering providers termination and who will receive email confirmation notifications.

**II. RENDERING PROVIDER FORM**

**Required information:**

- Submit Date
- Check the Termination Box
- Last Name – Please print last name
- First Name – Please print first name (avoid using nicknames)
- Middle Initial
- Staff Code – 7 character assigned staff numbers
- DMH Class Code
- Contact Name, Phone Number and Email Address
- DMH/NGA Provider No/Report Unit – The four digit provider number + the alpha code for which services are being terminated.
- Use Attachment to Form MH-228 to terminate more than one RU
- FFS Group/Organization Provider No. – This is the FFS 9 digit provider number
- Termination Date
- Authorized Manager/Designee's Signature
- Authorized Manager/Designee's Printed Name



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Submit report or forms to:

Department of Mental Health  
Chief Information Office Bureau  
EAD/Systems Access  
695 South Vermont Avenue  
Los Angeles, CA 90005